

Appendix 1

HOME BUILDER VERIFICATION OF MANDATORY REQUIREMENTS

FAILURE TO SUPPLY THE INFORMATION TO SUPPORT THE MANDATORY REQUIREMENTS
WILL RESULT IN DISQUALIFICATION

Name of Entity:		
Contact Name:		
Address:		
City:	Province:	Postal Code: GST Registration No.:
Phone:	Cell:	Fax:
Mandatory Requirements:		
1. Legal Name of Entity, if Company Proof of Current Incorporation	Companies must be registered with the Corporations Branch of Alberta. Attach a copy of the current Corporate Registry – Profile Report as provided by Corporations Branch of Alberta	Copy Attached <input type="checkbox"/>
2. Satisfactory Evidence of Safety Certificate	Certificate of Recognition (COR) or Small Employer Certificate of Recognition (SECOR)	Copy Attached <input type="checkbox"/>
3. Satisfactory Evidence of General Liability Insurance	\$2,000,000 General Liability Insurance, with the City to be named as an additional insured party	Copy Attached <input type="checkbox"/>
4. Satisfactory Evidence of WCB Coverage	Letter of Clearance from Workman’s Compensation Board (WCB)	Copy Attached <input type="checkbox"/>
5. New Home Warranty	New home warranty must be on each and every home constructed. Companies must provide proof of warranty coverage and that they are in good standing.	Copy Attached <input type="checkbox"/>
6. Satisfactory Evidence of membership in Canadian Home Builders Association	Proof of Membership in Building Industry and Land Development Association (BILD) – Lethbridge Region	Copy Attached <input type="checkbox"/>
7. Shareholder Information	Are there any shareholders, directors or officers of the company who are employed by the City of Lethbridge?	Yes <input type="checkbox"/> No <input type="checkbox"/>
8. License Information	2022 City of Lethbridge Business License	Copy Attached <input type="checkbox"/>
9. Demonstration of Home Building Experience	Provide evidence that your company has built an average of eight (8) houses per year for the past four (4) years, 2018 to 2021 in Lethbridge. Provide list of building permits issued.	List Attached <input type="checkbox"/>
_____	_____	
Signature	Date	

